Case 19-26829-MBK Doc 63 Filed 07/30/21 Entered 07/30/21 14:07:22 Desc Main Document Page 1 of 7

Fill in this information to identify your case:						
Debtor 1	James Latorraca					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States I	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY				
Case number	19-26829					
(if known)						

Check if this is an amended filling

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	381,545.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	22,101.0
	1c. Copy line 63, Total of all property on Schedule A/B	\$	403,646.0
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	289,773.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	0.00
	Your total liabilities	\$	289,773.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,365.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,261.0
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other scl	nedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 James Latorraca Case number (if known) 19-26829

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______7,231.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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	in this information to the total to the thick the thick the the thick the th	James Lato									
	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	tcy Court for the	: DISTRICT OF NEW J	IERSEY							
Cas	se number 19-	26829					Check	if this is:	:		
(If kr	nown)			_			■ Ar	amende	ed filing		
										g postpetition ollowing date:	
<u>O</u>	fficial Form	106l					MI	M / DD/ Y	YYYY		
S	chedule I:	Your Inc	ome								12/1
	<u> </u>	e Employment	On the top of any additi	onal pages, write y	our name	e and				Inswer every	question
		than ana iah		■ Employed				■ Employed			
	If you have more attach a separate information about	page with	Employment status	■ Employed □ Not employed				•	mployed		
	employers.		Occupation								
	Include part-time, self-employed wo		Employer's name								
	Occupation may i or homemaker, if		Employer's address								
			How long employed t	here?				_			
Pai	rt 2: Give De	tails About Mor	nthly Income								
spoi If yo	use unless you are	separated. spouse have mo	ate you file this form. If ore than one employer, countries form.	,	·	·	·	hat perso	on on the li	·	J
							roi Deb	ioi i		ng spouse	
2.			ry, and commissions (b calculate what the month		2.	\$	6,9	934.00	\$	0.00	
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	6,93	4.00	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	James Latorraca	=	(Case	number (if known)	19-	26829		
					For	Debtor 1		or Debtor		
	Сор	y line 4 here	4.		\$	6,934.00	\$	n-filing s	0.00	_
5.	List	all payroll deductions:								_
٥.	5a.	Tax, Medicare, and Social Security deductions	58	a	\$	890.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5k		\$	787.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	50		<u> </u>	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	50		\$_	0.00	\$		0.00	_
	5e.	Insurance	56	Э.	\$	275.00	\$		0.00	_
	5f.	Domestic support obligations	5f	f	\$_	0.00	\$		0.00	_
	5g.	Union dues	50	g.	\$	54.00	\$		0.00	_
	5h.	Other deductions. Specify:	5h	Դ.+	\$	0.00	+ \$ _		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,006.00	\$		0.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	4,928.00	\$		0.00	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	88	a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	81		\$_	0.00	\$		0.00	_
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	80 80 86	d.	\$_ \$_ \$_	0.00 0.00 0.00	\$ \$ \$	1	0.00 0.00 ,437.00	_
	9.0	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f 8g		\$_ \$	0.00	\$ \$		0.00	_
	8g. 8h.	Other monthly income. Specify:		y. h.+	\$ _	0.00	· -		0.00	_
9.		all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	_ 01 9.	Г	Ψ_ \$	0.00	\$		1,437.0	- 기
Э.	Auu	an other moonie. And lines parobrocrourberofrogram.	٥.	Ľ	Ψ <u> </u>	0.00	Ψ-		1,437.0	<u> </u>
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$		4,928.00 + \$	1	,437.00	= \$	6.365.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_				<u>, </u>	1 [,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not acify:	dep			•	-	Schedul	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$	6,365.00
13.	Do	ou expect an increase or decrease within the year after you file this form	?						Combi	ned y income
		No. Yes Evnlain								

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	ur case:			1			
	tor 1	James Lator				Ch		this is:	
	tor 2 buse, if filing)					_ =	A s	supplement show	wing postpetition chapter the following date:
Unit	ed States Bankr	uptcy Court for the:	DISTRI	CT OF NEW JERSEY			MN	// DD / YYYY	
1	e number 19	-26829							
	fficial Fo								
		J: Your I							12/1
info	ormation. If m		eded, atta	If two married people a ch another sheet to this n.					
Par		ibe Your House	hold						
1.	Is this a join ■ No. Go to □ Yes. Doe		n a separ	ate household?					
	□ No	0		al Form 106J-2, <i>Expense</i> s	s for Separate House	ehold of De	ebtor	2.	
2.	Do you have	e dependents?	□ No						
	Do not list De Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		_	Dependent's age	Does dependent live with you?
	Do not state dependents				Granddaughte	er	_	4	□ No ■ Yes □ No □ Yes □ No □ Yes □ No □ Yes
3.	expenses of	enses include f people other th d your depender	nan 🗖	No Yes					□ No □ Yes
exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a sup					
the		n assistance and		government assistance cluded it on <i>Schedule I:</i>				Your exp	enses
4.		r home ownersled any rent for the		ses for your residence.	Include first mortgag	e 4.	\$_		1,952.00
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a.	\$		0.00
	4b. Proper	rty, homeowner's				4b.	\$		0.00
		maintenance, re owner's associati		ipkeep expenses		4c. 4d.			0.00
5.				oominium dues our residence, such as ho	ome equity loans	4a. 5.			0.00 0.00

Debtor 1	James Latorraca	Case num	ber (if known)	19-26829
S. Utili	ies:			
6a.	Electricity, heat, natural gas	6a.	\$	300.00
6b.	Water, sewer, garbage collection	6b.		75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		275.00
6d.	Other. Specify:	6d.		0.00
	d and housekeeping supplies	— 7.	*	700.00
	dcare and children's education costs	8.	\$	
			· -	0.00
	ning, laundry, and dry cleaning	9.	\$	140.00
	onal care products and services	10.	·	40.00
	cal and dental expenses	11.	\$	50.00
	sportation. Include gas, maintenance, bus or train fare.	40	Φ.	600.00
	ot include car payments.	12.	·	
	rtainment, clubs, recreation, newspapers, magazines, and books	13.		180.00
4. Cha	itable contributions and religious donations	14.	\$	0.00
5. Insu	rance.			
Do n	ot include insurance deducted from your pay or included in lines 4 or 20.			
15a.	Life insurance	15a.	\$	0.00
15b.	Health insurance	15b.	\$	0.00
15c.	Vehicle insurance	15c.	\$	185.00
15d	Other insurance. Specify:	15d.	\$	0.00
	ss. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	<u> </u>
Spe		16.	\$	0.00
	illment or lease payments:		Ť —	0.00
	Car payments for Vehicle 1	17a.	\$	0.00
	Car payments for Vehicle 2	17b.	\$	0.00
	Other Specific	17c.	\$	0.00
	Other. Specify:	17d.	·	0.00
8. You	payments of alimony, maintenance, and support that you did not report as			
	icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
9. Oth e	r payments you make to support others who do not live with you.		\$	0.00
Spec	ify:	19.		
0. Oth	r real property expenses not included in lines 4 or 5 of this form or on Sche	dule I: Yo	our Income.	
20a.	Mortgages on other property	20a.	\$	764.00
20b.	Real estate taxes	20b.	\$	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.	*	0.00
			Ψ +\$	
. Othe	r: Specify:		+\$	0.00
2. Calc	ulate your monthly expenses			
22a.	Add lines 4 through 21.		\$	5,261.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	·
	Add line 22a and 22b. The result is your monthly expenses.		\$	F 261 00
220.	Add line 22a and 22b. The result is your monthly expenses.		Φ	5,261.00
	ulate your monthly net income.			
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,365.00
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,261.00
23c.	Subtract your monthly expenses from your monthly income.	220	C	1,104.00
	The result is your <i>monthly net income</i> .	23c.	\$	1,104.00
For e	ou expect an increase or decrease in your expenses within the year after yo kample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage?			ase or decrease because of a
ΠY	es. Explain here:			

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Fill in this infor					
Debtor 1	James Latorraca				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number	19-26829				
(if known)				■ Che	ck if this
				ame	nded filir

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone w	rho is NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I hat they are true and correct. X /s/ James Latorraca	have read the summary and schedules filed with this declaration and
James Latorraca Signature of Debtor 1	Signature of Debtor 2
Date July 30, 2021	Date